

**PROFILE OF TEEN MOTHERS IN A
SALT LAKE COUNTY SCHOOL DISTRICT**

by

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INTRODUCTION

Teen pregnancy has been and continues to be one of the critical personal and social problems facing the United States (Alpers, 1998b). Among all Western countries, the United States has the highest teen pregnancy, abortion, and childbirth rates (Alpers, 1998a, 1998b; Hoekelman, 1993). "The birth rate for U.S. teenagers in 1997 was 52.9 live births per 1,000 women aged 15-19 years" (Utah Department of Health, 1997). The reported pregnancy rate for adolescents 15 to 19 years old is 50.6 per 1,000 in Salt Lake County, the abortion rate is 21% in Salt Lake County, and the Utah live birthrate is 26.4 for ages 15 to 17 and 76.7 for ages 18 to 19. In 1997, there were more than 4,500 births and 600 abortions to women under 20 years of age in the state of Utah. In 1994, 3.5% of births to women under 20 years of age were relinquished for adoption (Utah Department of Health, 1997).

LITERATURE REVIEW

The impact of teen pregnancy in the U.S. has been the subject of numerous research studies. The following studies highlight this issue. Hoekelman (1993) found that "...our pregnancy rate for those under 15 years of age is five times that of other Western countries." (p. 81) Other researchers have identified the problems arising from teen pregnancy. "The teenager who becomes pregnant faces a multitude of

problems” (Alpers, 1998b, p. 91). “These problems often include dropping out of school, chronic unemployment, poverty, social isolation, and depression”

(Hoekelman, 1993, p. 81). “Infants born to a mother under 15 years of age are more than twice as likely to weigh 2,500 g or less at birth and almost three times more likely to die within the first 28 days of life as infants born to older mothers”

(Alexander & Bernard, 1993, p. 85). Children of teen mothers are more likely to suffer from poor parenting; poor nutrition; increased illness, accidents, and hospitalizations; sudden

infant death syndrome; abuse and neglect; and poor school performance” (Hoekelman, 1993). “The short- and long-term consequences to the adolescent mother, her child, and society are compelling, frightening, and heartbreaking” (Alpers, 1998b, p. 92).

Early intervention has been identified as one means of averting these negative sequella. “Early intervention has the potential to disrupt the cycle of failure so often experienced by teen mothers and their babies and to stem the tide of this growing phenomenon” (Rodriguez & Moore, 1995, p. 687). Early intervention often comes in targeted programs. Some programs are designed to educate teens about sexuality, birth control, and pregnancy prevention. Other programs are in place to assist them through a healthy pregnancy and delivery and help them to accomplish goals such as completing high school and providing positive parenting for their new babies.

In order for these programs to be effective, it is important to identify “health education program elements most important to attract and sustain the participation of pregnant and parenting teens... Since sociodemographics are often the first

information known about a target group, linking these demographics to health education program elements has implications for program development and marketing” (Alpers, 1998b, p. 91). Understanding the characteristics of the teen parent is the first step in combining valuable information with effective programs in order to promote and sustain positive future outcomes with this high-risk group.

Within the recent literature, not much was found in profiling teen parents. “The sociodemographic characteristics of adolescents who become mothers has changed markedly over the past two decades” (Alexander & Bernard, 1993, p. 86). Research has been conducted based upon previous studies, linking predominant characteristics and resulting risks factors within the teen mother. Klerman (1993) emphasized the following: “It is essential that clinical practice and service programs be adapted to current knowledge” (p. 554). Alpers (1998b) suggested the following:

If we as educators and health care providers are to make a substantial difference in reducing the negative consequences of adolescent pregnancy and perhaps eventually to reduce the phenomenon itself, it is of paramount importance to find ways to engage, attract, and sustain the attention and participation of adolescents in programs designed to enhance their health and well being. (p. 92)

Because teen pregnancy is such a difficult problem for the mother, the infant, and the community, various studies have been conducted regarding reasons for teen pregnancy. Rodriguez and Moore (1995) sought the “connections among the developmental, cognitive, social, and emotional variables inherent in teen pregnancy issues by assessing the perceptions of pregnant teens currently enrolled in school-based pregnancy/parenting programs” (p. 686). They also emphasized the importance

of various professionals involved with teen parents to “adopt a perspective of integration” (p. 686). Through an understanding of the perceptions of teens and the reasons for their actions, along with an understanding of their backgrounds, health care providers will be better able to serve their needs and offer early intervention.

“Some of the most important interventions in teen pregnancy and teen parenting come through the relationships these young people have with caring, competent adults” (Hobbie, 1993, p. 96). They have the opportunity to ensure not only a healthy pregnancy and a healthy newborn but also to teach and empower them with the attitudes needed to pull themselves out of negative situations into better circumstances. Optimally, the outcomes desired are those that would help young mothers learn, have choices, and overcome disadvantages.

Problem Statement

Teen parents and their babies face many current and future problems. These problems include chronic unemployment, poverty, social isolation, and depression. The infant is at risk for low birthweight; abuse, neglect, or both; poor nutrition; increased illnesses; Sudden Infant Death syndrome; and poor school performance (Alpers, 1998a, 1998b; Hoekelman, 1993).

A select number of pregnant Utah teens are able to access a formal teen parent program within a school district. In these settings, students not only are able to obtain their high school diplomas but also to receive support, information and skills related to health promotion and effective parenting. A greater understanding of the

characteristics of these teen parents would assist teachers, policymakers, and administrators within a school district to better understand their needs. Agencies and coalitions concerned with teen pregnancy prevention might also find this information useful.

Purpose of the Study

The purpose of this descriptive study was to profile young women currently enrolled in a Salt Lake County school district Young Parent Program. This profile included (a) descriptive characteristics, (b) teens perceptions of current challenges, and (c) their perceptions of the benefits of the Young Parent Program. Direct statements are also included from these young women concerning advice they would give to teens in general.

METHODS

Study Site and Situation

The Young Parent Program in the Granite School District has been in existence for more than 25 years. At the time of this study, teen pregnant girls were enrolled in one of two centers: (a) East Center and (b) West Center. These centers were geographically located in the east and west of the Salt Lake valley. Three or more school teachers in each center provided classes leading to a high school diploma, as well as health and parenting classes. When teens have given birth, they may bring their children to the Center during the school day. Child care aides are available to assist the teen mother.

A special Young Mothers program has also been provided by the nurse-midwifery program of the University of Utah College of Nursing for over 25 years. The girls, their babies and their school teachers have traveled by bus to the College of Nursing several times a year for short courses in pregnancy, birth, childrearing and health care of children. Classes are taught by certified nurse-midwives, pediatric nurse-practitioners, certified childbirth educators and registered nurses.

Many students remain at their Center for 2 or more years until graduation. At the time the survey was administered, 87 girls were enrolled in the two centers. The highest enrollment is during the fall term and the least enrollment is during the spring term. Students attending the Young Parent Program during the spring are often those

who are highly self-motivated and who have a better support system, enabling them to continue their educational pursuits. This survey was conducted just prior to the end of the 1999 school year. Therefore, these data may represent a cohort of young women in a more optimal situation than in the total group enrolled in the 1998-1999 school year, or among teens not enrolled in a targeted school program.

Study Methods and Materials

Development of a written survey instrument. Based on a literature review and consultation with knowledgeable persons in the field, the researcher created a list of items pertinent to the purpose of the study. This list, from which survey questions were later developed, was reviewed by the Young Parent Program school teachers. They were asked to identify items they believed should be excluded and to add those they believed would be useful. Their confidential responses were mailed to the researcher. This feedback was used to further develop the survey instrument. The completed survey was then reviewed, edited and approved by the project committee. Three teens personally known to the researcher but not part of the Granite School District, were asked to review the document for readability and then to conduct a mock, timed completion of the survey. A copy of the consent form and the survey is included in Appendices A and B.

Protection of human subjects. The final version of the instrument and the consent form was reviewed and approved by the project committee. The document was then submitted to the Institutional Review Board of the University of Utah Health

Sciences Center for review and approval. Simultaneously, this document, with an additional application form, was submitted to the Granite School District Board for their approval. All procedures were designed to assure the complete anonymity of the pregnant and parenting teen student. A signed consent was also obtained from the parent or guardian. This consent document remained in the school center and was later destroyed, according to Granite School District policy, after the surveys were obtained. The researcher did not view these consent documents after they were returned. The teens indicated their consent to the survey by returning the signed parental/ guardian consent form and then completing the survey document.

The survey instrument had no identifying data. The surveys for a given center were color coded in order to distinguish them from the other center, thus enabling the researcher to compare groups in two geographic locations. The survey process was completely confidential and no one, including the school teachers, saw the completed survey except for the researcher. The researcher had no way to identify the students. Students with signed consents were given an unmarked survey in an unmarked envelope. After the surveys were completed, the students sealed the envelope and returned it to their school teacher. The teacher then put the survey in a larger envelope, sealed it, and returned it to the researcher.

Procedures for survey implementation. After the survey instrument and other documents were approved by the Institutional Review Board of the University of Utah Health Sciences Center and the Granite School District Board, the following procedures were implemented:

1. A designated week for the administration of the survey was determined with the Young Parent Program center teachers.
2. Prior to this week, the teens were given information by their school teachers regarding the survey. The explanation portion of the information and consent form was read to the teens in order to minimize time and to ensure a comparable explanation between the two centers. The lower half was signed by the parent or guardian. In order for the teen to be eligible to receive the survey, the consent form had to be returned.
3. At the beginning of the designated week, the teachers gave each teen who had returned a completed consent form a copy of the written survey in an envelope. This procedure was conducted at one time convenient to the school program. The teen could ask the teacher for assistance if she did not understand a survey question. The total time involved in receiving instructions, completing the survey, and turning it in was less than 30 minutes. In fact, the survey took less than 15 minutes to complete. The teens placed their completed survey in an envelope and sealed it. The teachers collected the completed surveys in their sealed envelopes, then the individually sealed envelopes were placed in a larger envelope and picked up by the researcher at the end of the week. Survey collection did not extend beyond this week.
4. All materials for the survey were provided by the researcher.

RESULTS

Eighty-seven students were enrolled in the Teen Parent Program at the time of the survey. Thirty-five students (40%) returned the consent form. Twenty Seven students (77%) had already given birth to their baby and 9 students (26%) were currently pregnant. One student had both given birth and was currently pregnant. Fifty-five percent of the East Center students and 31% of the West Center students participated (Table 1). The shortest length of time that a student was enrolled in the Teen Parent Program was 1 month and the longest was 34 months.

Table 1

Survey Participation (N = 35)

	East Center		West Center		Total group	
	<u>n</u>	%	<u>n</u>	%	<u>N</u>	%
Number enrolled	33	38.0	54	62.0	87	100
Survey respondents	18	55.0	17	31.0	35	40

Participant Demographics

Thirty-seven percent of the participants were in the 12th grade, with 9% of the participants in the 9th grade (Table 2). The average age of the participants was 17 years, with the youngest 15 years (Table 3). Of the 8 students who reported being married (23%), all were married to the father of the baby (Table 4). Predominant

ethnic cultures represented were Caucasian for the participant (46%) and Hispanic for the father of the baby (41%). Other ethnic cultures included Italian, Puerto Rican, and Cuban (Table 5).

Table 2

Current Grade of Survey Participant (N = 35)

	East Center		West Center		Total group	
	<u>n</u>	%	<u>n</u>	%	<u>N</u>	%
9th grade	1	6.0	2	12.0	3	9
10th grade	3	17.0	4	24.0	7	20
11th grade	5	28.0	7	41.0	12	34
12th grade	9	50.0	4	24.0	13	37

Table 3

Current Age of Survey Participant (N = 35)

	East Center		West Center		Total group	
	<u>n</u>	%	<u>n</u>	%	<u>N</u>	%
15 years	3	16.0	2	12.0	5	14
16 years	2	11.0	9	53.0	11	31
17 years	5	28.0	2	12.0	7	20
18 years	8	44.0	3	18.0	11	31
19 years	0	0.0	1	6.0	1	3

Note. \bar{X} = 17 years, SD = 1.15, range = 15 to 19 years.

Table 4

Survey Participants Who Are Currently Married (N = 34)

	East Center		West Center		Total group	
	<u>n</u>	%	<u>n</u>	%	<u>N</u>	%
Yes	4	22.0	4	24.0	8	23
No	14	77.0	13	76.0	26	77

Note. Missing data = 1.

Table 5

Ethnic Representation (N = 35)

	Participant ethnicity		Father of the baby ethnicity	
	<u>n</u>	%	<u>n</u>	%
White	16	46.0	12	38
Black	1	3.0	1	3
Hispanic	13	37.0	13	41
Polynesian	1	3.0	1	3
Asian	2	6.0	2	6
Native American	1	3.0	1	3
Other	1	3.0	2	6

Living Situation

Living arrangements included 60% of the participants living with their own parents, which included both parents in the home. Eleven percent of the participants had various other living arrangements, which included living with a grandparent, an

uncle or in foster care. Forty percent of the participants were living with the father of the baby or were married to him (Table 6). Other members of the household included grandparents, sisters, brothers, aunts, uncles, nieces, nephews, and, of course, the child of the teen parent. Of those participants who reported having had a child, only 77% reported the child living with them. The other 22% left the item blank (Table 7). More than half of the participants reported that other family members had previously been teen parents, with 36% of the participants reporting that their mother had been a teen parent (Table 8).

Table 6

Current Living Arrangement (N = 35)

	<u>n</u>	<u>%</u>
Parents' home	21	60
Father of the baby's parents' home	2	6
Own apartment	7	20
Other	4	11
Father of the baby living with mother	14	40

Table 7

Other Individuals in Home (N = 35)

	<u>n</u>	<u>%</u>
Both parents in the home	11	52
Mother only	8	38
Father only	2	2
Grandparents	3	9
Sisters	15	43
Brothers	15	43
Nieces/nephews	2	6
Aunts	1	3
Uncles	3	9
Own child in home	21	75

Table 8

Other Family Members Who Have Been Teen Parents (N = 35)

	<u>n</u>	<u>%</u>
No one	7	20
Grandmother	4	11
Mother	12	34
Aunts	11	31
Sister	7	20
Cousins	8	23
Other	3	9

Financial Stability

The survey sought information regarding the financial stability of the participants such as how were they “getting by” and what community services were being used. Sixty percent of the fathers of the babies were helping with expenses (Table 9). Other sources of financial help were aunts, uncles, and the parents of the father of the baby. However, many teens were not taking advantage of the various community resources available to them. Only 9% of the participants were using food stamps and 54% were using the Women, Infants and Children (WIC) program (Table 10). Transportation to and from various activities was also reviewed. Approximately half of the participants reported having their own car (Table 11). However, most of the teens were not employed. Six teens (17%) were employed in various areas of customer service and retail such as various types of food service, clothing stores, and the hotel industry. The average number of hours worked per week was 19 and the average hourly wage was \$5.83 (Table 12).

Table 9

All Individuals Currently Helping With Living Expenses (N = 35)

	<u>n</u>	<u>%</u>
Mother	21	60
Father	12	34
Father of baby	21	60
Grandparent	4	11
Other	8	23

Table 10

Community Services Currently Being Used (N = 35)

	<u>n</u>	<u>%</u>
Women, Infants and Children (WIC)	19	54
Family employment program	0	0
Baby Your Baby program	0	0
Food stamps	3	9
School lunch	12	34
Medicaid	21	60

Table 11

Transportation Used To Get To Various Places

	School		Work		Health care		Activities	
	n	%	n	%	n	%	n	%
Walk	1	3.0	1	3.0	1	3.0	2	6.0
Bus	3	9.0	0	0.0	2	7.0	3	9.0
Carpool	2	6.0	0	0.0	0	0.0	17	50.0
Own car	16	47.0	4	12.0	16	52.0	11	32.0
Family/friend	12	35.0	1	3.0	12	39.0	1	3.0

Table 12

Currently Employed (N = 6)

	\bar{X}	<u>SD</u>	Range
Hours per week	19.16	11.47	8 to 35 hours
Hourly wage	\$5.83	1.98	\$2.00 to \$7.50 per hour

Communication With Others

The communications and relationships teens have with others is one indicator of the strength of their support system. They were first asked with whom they confided the most. Nearly half of the participants identified their husband or boyfriend as their greatest confidante. Eighteen percent confided most with their mother or a friend. Since many of the teens did not have a father in the home or contact with him, the issue of communication with the teens' father was difficult to ascertain (Table 13).

Table 13

Who Do You Confide In Most (N = 34)

	<u>n</u>	%
Husband	6	18
Boyfriend	10	29
Mother	6	18
Friend	6	18
Sister	4	12
Father	1	3
No one	1	3

Note. Missing data = 1.

Participants were next asked to rank their quality of communication with each of several persons on 5 Likert scales of 1 to 10 (1 = worst possible and 10 = best possible) (Table 14). The highest communication rating was with their mother, followed by friends and the father of the baby. Many participants rated their communication with their father as low because he was not in the home or had not been in contact with the participant. The survey did not identify teens who specifically did or did not have contact with their father.

Table 14

Quality of Communication Scale (N = 35)

	Worst		Best
Mother	1	$\bar{X} = 7.125, \underline{SD} = 2.54$	10
Father	1	$\bar{X} = 4.8, \underline{SD} = 3.3$	10
Teachers	1	$\bar{X} = 5.5, \underline{SD} = 2.6$	10
Friends	1	$\bar{X} = 7.06, \underline{SD} = 2.6$	10
Father of baby	1	$\bar{X} = 6.79, \underline{SD} = 3.73$	10

Support Systems

Support systems were identified by the participants. Twenty-three (85%) of the 27 participants who had delivered reported having their mother present at the birth. Twenty-six percent reported having their father present. This low percentage of fathers being at the birth could be a reflection of the number of participants who do not have a father present in the home or who have had no contact with their father. Other people in attendance included sisters, boyfriends, aunts, uncles, cousins, and the

mothers of the father of the baby. Fifteen (55%) of the participants reported having the father of the baby present at the birth (Table 15). Fifty-two percent of the participants reported equally that their mother and the father of the baby help care for the baby one or more times a week (Table 16).

The survey also identified the girls self-reported negative feelings of baby blues, frustration, inadequacy, and being overwhelmed after the birth of the baby. A series of Likert scales were used (1 = never experiencing negative feelings to 10 = strongly experiencing negative feelings) (Table 17).

The survey also determined that 18 (51%) of the participants had seen a health care provider for women's health prior to their pregnancy (Table 18). Participants were asked to report the status of their health before and after the baby's birth. Forty-eight percent reported excellent health before the baby's birth and 37% very good health after the baby's birth (Table 19).

Table 15

Support Person(s) Present at Birth (N = 27)

	<u>n</u>	<u>%</u>
Mother	23	85
Father	7	26
Father of baby	15	55
Grandparents	4	15
Other	13	48
<u>Number of friends at birth</u>		
1	5	19
2	18	67
3	1	4

Table 16

Who Helps Care for Baby One or More Times a Week (N = 27)

	<u>n</u>	<u>%</u>
No one	4	15
Mother	14	52
Other relative	8	30
Father of baby's mother	6	22
Father of the baby	14	52
Day care	4	15

Table 17

Feelings Experienced After Birth of the Baby

	Never								Strongly	
	1	2	3	4	5	6	7	8	9	10
Baby blues ^a	<u>n</u> =4 12%	<u>n</u> =4 12%	<u>n</u> =4 12%	<u>n</u> =3 9%	<u>n</u> =3 9%	<u>n</u> =3 9%	<u>n</u> =1 3%	<u>n</u> =3 9%		
	$\bar{X} = 4$ $SD = .577$									
Frustrated ^b	<u>n</u> =3 9%	<u>n</u> =5 15%	<u>n</u> =3 9%	<u>n</u> =2 6%	<u>n</u> =1 3%	<u>n</u> =5 15%	<u>n</u> =1 3%	<u>n</u> =3 9%		<u>n</u> =1 3%
	$\bar{X} = 4.33$ $SD = .94$									
Overwhelmed ^c	<u>n</u> =5 15%	<u>n</u> =3 9%	<u>n</u> =1 3%	<u>n</u> =2 6%	<u>n</u> =1 3%	<u>n</u> =1 3%	<u>n</u> =3 9%	<u>n</u> =5 15%	<u>n</u> =2 6%	<u>n</u> =1 3%
	$\bar{X} = 5.08$ $SD = 1.47$									
Inadequate ^d	<u>n</u> =11 34%	<u>n</u> =4 13%	<u>n</u> =3 9%	<u>n</u> =3 9%	<u>n</u> =2 6%			<u>n</u> =1 3%		
	$\bar{X} = 2.41$ $SD = 1.12$									

^aMissing data = 2.^bMissing data = 3.^cMissing data = 5.^dMissing data = 3.

Table 18

5000

7

~~Seen A Health Care Provider for Women's Health Prior To Pregnancy (N = 33)~~

	<u>n</u> *	%
No	15	45
Yes	18	55

*Missing data = 2.

Table 19

Mothers' Health Status

	Before baby's birth (N = 27)		After baby's birth (N = 21)*	
	<u>n</u>	%	<u>n</u>	%
Excellent	13	48	5	19
Very good	8	30	10	37
Good	4	15	5	19
Poor	2	7	1	4

*Missing data = 6.

Pregnancy Profile

The number of times the participants had been pregnant, had given birth, and their age at first pregnancy (Table 20). One teen had had two pregnancies. There were no pregnancies aborted. The average age at 1st pregnancy was 15 ½ years with a range from 13-17 years. The delivery site was identified for those who had given birth and the planned place of birth for those who were still pregnant (Table 21).

Births were distributed among all of the area hospitals. The survey also determined the type of health care provider. Overall, 60 percent of the 34 teens reporting are obtaining prenatal care from an obstetrician, 23% from a certified nurse midwife, and 17% from a family physician (Table 22). Ninety-three percent of the 27 births were vaginal, and 7% were by C-section (Table 23). Of the 27 participants who had given birth, 4 of the babies (15%) were sent to the newborn intensive care nursery

because of complications. Twenty babies (74%) weighed more than 3,000 grams (6 lbs. 10 oz.), whereas 3 (11%) weighed less than 2,500 grams (5 lbs. 8 oz.) (Table 24). Twenty-one of the babies (60%) went home with their mothers, 3 (11%) were discharged within a week, 2 (22%) were in the hospital between 1 and 4 weeks, and 1 (4%) stayed longer than 4 weeks. All of the participants reported their babies were currently in good health. At the time of the survey, 74% of the participants' babies were less than 12 months old (Table 25).

The 9 teens who were currently pregnant were between 10 weeks and 38 weeks gestation. These pregnant teens reported that 66% of the unborn babies fathers were involved with them emotionally, and 55% were involved financially (Table 26).

Table 20

History of Pregnancy (N=35)

	<u>n</u>	<u>%</u>
Pregnant 1x	34	97
Pregnant 2x	1	3
Miscarriages >1	1	3
Abortions	0	0
Currently pregnant	9*	26
Given birth	27*	77
<u>Age at first pregnancy^a</u>		

*1 teen has a baby and was also currently pregnant.

^a \bar{X} = 15.57, SD = 1.09, Range= 13-17 years.

Table 21

Facility Used for Delivery and Planned Place of Delivery for Those Who Are Currently Pregnant (N=35)

	Participants who are currently pregnant (N = 9)*		Participants who have given birth (N = 27)*	
	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>
St. Mark's	--	.	8	30
University of Utah	3	33	5	19
Cottonwood	2	22	4	15
LDS Hospital	1	11	8	30
Pioneer Valley	2	22	3	11
Salt Lake Regional	--	0	4	15
Jordan Valley	--	0	1	3
Alta View	1	11	2	7

*One teen appears in both listings

Table 22

Health Care Provider (N=35)

	Participants who are currently pregnant (N = 8)*		Participants who have given birth (N = 27)	
	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>
Obstetrician	6	66	15	56
Family practice (MD)	1	11	5	19
Certified nurse midwife	1	11	7	26

*Missing data = 1.

Table 23

Type of Birth for Teens Who Have Given Birth (N = 27)

	<u>n</u>	<u>%</u>
Vaginal	25	92
Spontaneous Vaginal	23	85
Assisted Vaginal (Forceps/ Vacuum Extraction)	2	7
C-section	2	7

Table 24

Birth Weight (N = 27)

	<u>n</u>	<u>%</u>
≤ 2,500 grams	3	11
2,501 to 3,000 grams	4	15
3,001 to 4,500 grams	20	74

Note. \bar{X} = 3,159 grams, SD = 579.1, range = 1,134 grams to 4,111 grams.

Table 25

Current Age of Participants' Babies at the Time of the Survey (N = 27)

	<u>n</u>	<u>%</u>
0 to 6 months	10	37
7 to 12 months	10	37
13 to 24 months	4	15
≥ 25 months	3	11

Table 26

Involvement of the Father of the Baby for Currently Pregnant Participants (N = 9)

	<u>n</u>	<u>%</u>
Financially	5	55
Emotionally	6	66
Married to mother	2	22
Living with mother	4	44

Birth Control

Questions arise about the availability of birth control and whether or not sexually active teens are being given adequate information and access to birth control. One assumption is that many pregnancies would not occur if teens had access to and were fully informed about birth control methods. This survey indicated that 80% of the participants had used or are currently using some form of birth control (Table 27). This survey did not assess whether or not the participants used birth control consistently prior to pregnancy. However, 73% report using some type of birth control prior to becoming pregnant, and 84% were currently using some form of birth control. Forty- two percent of the participants used condoms prior to becoming pregnant. Depo Provera was currently being used by 40% of the teens who had given birth (Table 28).

Participants' satisfaction with their current type of birth control was assessed using a Likert scale (1= very satisfied and 10= not at all satisfied). Fifteen percent of

the participants reported not at all satisfied (score= 10) with their current form of birth control, whereas 45% reported being very satisfied (score= 1) with their current form of birth control (Table 29).

Table 27

Have You Ever Used Birth Control? (N = 35)

	<u>n</u>	<u>%</u>
No	7	20
Yes	28	80

Table 28

Type of Birth Control Used

	<u>Before pregnancy (N = 33)*</u>		<u>After pregnancy (N = 25)*</u>	
	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>
Nothing	9	27	4	16
Condoms	14	42	3	12
Pill	10	30	6	24
Depo Provera	0	0	10	40
Foams	0	0	1	4
Norplant	0	0	1	4

*Missing data = 2.

Table 29

Satisfaction With Current Form of Birth Control (N = 20)*

Very									Not at all
1	2	3	4	5	6	7	8	9	10
<u>n</u> = 9	<u>n</u> = 2	<u>n</u> = 1		<u>n</u> = 2		<u>n</u> = 2	<u>n</u> = 1		<u>n</u> = 3
45.0%	10.0%	5.0%		10.0%		10.0%	5.0%		15.0%
$\bar{X} = 3.9$ $SD = 1.06$									

*Missing data = 3

*Not applicable = 4

History of Abuse

An important possible predisposing factor to teen pregnancy may be a history of abuse. This survey assessed the history of the participants' abuse and at what age the abuse began or the earliest age the participant remembers the abuse initially occurring. Abuse was categorized as physical, emotional, and/ or sexual. Fourteen (45%) of the 31 participants reporting stated they had been physically abused, with an average age of onset for 11 teens of 8.09 years and a range from 3 years to 17 years (Table 30). Sixteen of 31 (46%) reported emotional abuse with an average age of onset of 8 years and a range from 3 years to 13 years (Table 31). Fifteen of 34 (44%) of teens reporting stated that they had been sexually abused, with eleven reporting an average age of onset of 8 years and a range from 3 years to 16 years (Table 32). Originally a question regarding current abuse was included in the survey. Unfortunately, due to Institutional Review Board demands that teens currently being abused should be reported, which would have violated the entire procedure of

confidentiality, these questions were deleted. Current abuse issues should be addressed in future research, maintaining anonymity but encouraging any teen to seek confidential assistance from resource information provided.

Table 30

Physical Abuse

	<u>N</u> = 31 ^a	%
No	17	55
Yes	14	45
<u>Age of onset</u>	<u>N</u> = 11 ^b	%
3 years	3	27
4 years	1	9
7 years	1	9
8 years	2	18
9 years	1	9
13 years	1	9
14 years	1	9
17 years	1	9

^aMissing data = 4. ^bMissing data = 3.

Note. \bar{X} = 8.09 years, SD = 4.8, range = 3 to 17 years.

Table 31

Emotional Abuse

	<u>N</u> = 31 ^a	%
No	15	48
Yes	16	52
<u>Age of onset</u>	<u>N</u> = 13 ^b	%
3 years	2	15
5 years	1	8
6 years	2	15
7 years	2	15
9 years	1	8
10 years	2	15
12 years	1	8
13 years	2	15

^aMissing data = 4 ^bMissing data = 3Note. \bar{X} = 8.0 years, SD = 3.0, range = 3 to 13 years.

Table 32

Sexual Abuse

	<u>N</u> = 34 ^a	%
No	19	56
Yes	15	44
<u>Age of onset</u>	<u>N</u> = 11 ^b	%
3 years	3	27
5 years	1	9
6 years	1	9
7 years	1	9
8 years	1	9
10 years	1	9
12 years	1	9
14 years	1	9
16 years	1	9

^aMissing data = 1 ^bMissing data = 4

Note. \bar{X} = 8.0 years, SD = 5.0, range = 3 to 16 years.

This survey also assessed when the 35 teens began sexual activity, with a reported average age of onset of 14 years and a range of 12 years to 17 years (Table 33). Four (11%) of the participants reported having had a sexually transmitted disease. The teens were also asked where they obtained their information about sex. Twenty-four of the 35 teens (69%) reported learning about sex equally from friends, and television/ movies. Only sixteen (46%) of the teens reported obtaining information about sex from their family (Table 34).

Table 33

Age at First Sexual Activity (N = 35)

	<u>n</u>	<u>%</u>
12 years	5	14
13 years	6	17
14 years	9	26
15 years	6	17
16 years	6	17
17 years	3	9

Note. \bar{X} = 14.0 years, SD = 1.5, range = 12 to 17 years.

Table 34

Where Was Information About Sex Learned (N = 35)

	<u>n</u>	<u>%</u>
Friends	24	69
Television/movies	24	69
Boyfriend	20	57
Family	16	46
Books/magazines	12	34
Music	5	14

Substance Abuse

Drug abuse is always a concern, especially with young teens who are pregnant, and/ or raising a child. Seventy- two percent of the participants reporting had smoked, with 26% smoking during pregnancy (Table 35). Eighty-nine percent had used alcohol, with 6% using alcohol during pregnancy. Eighty-five percent had used marijuana, with 14% using marijuana during pregnancy. The question was also asked if other family members smoked, drank, and/ or used drugs. Seventy- five percent reported other family members smoked and 59% stated other family members used alcohol. Forty percent of the teens reporting also stated that other family members did, in fact, use drugs. Unfortunately, due to concerns of the Institutional Review Board described earlier, the question of current drug use was removed and, therefore, was not assessed. This issue also needs to be addressed within the teen population, as suggested earlier. The available data indicates that prevention and intervention for all substance use needs to be enhanced.

Table 35

Substance Abuse

	<u>n</u>	<u>%</u>
<u>Smoking</u> (N = 32) ^a		
No	9	28
Yes	23	72
During pregnancy	6	26
Other family member	24	75
<u>Alcohol use</u> (N = 35)		
No	4	11
Yes	31	89
During pregnancy	2	6
Other family member	20	59
<u>Marijuana</u> (N = 34) ^b		
No	5	15
Yes	29	85
During pregnancy	4	14
<u>Crank</u> (N = 28) ^c		
No	24	86
Yes	4	14
During pregnancy	0	0
<u>Cocaine</u> (N = 29) ^d		
No	24	83
Yes	5	17
During pregnancy	0	0
<u>Lysergic acid diethylamide</u> (LSD) (N = 24) ^e		
No	18	75
Yes	6	25

Table 35 (Continued)

	<u>n</u>	<u>%</u>
During pregnancy	1	17
<u>Methamphetamine (N = 29)^f</u>		
No	23	79
Yes	6	35
During pregnancy	0	0
<u>Other (N = 10)^g</u>		
No	6	60
Yes	4	40
During pregnancy	1	25
<u>Other family members using drugs</u>		
Yes	14	40

^aMissing data = 3.

^bMissing data = 1.

^cMissing data = 7.

^dMissing data = 6.

^eMissing data = 11.

^fMissing data = 6.

^gMissing data = 25.

Other= Opium; Ecstasy

Social Relationships and Future Goals

The literature reports that a major problem among teen parents is social isolation. Thus, it was important for this survey to assess the social involvement of teens. Eighteen (53%) of participants reported having most of their friends at the Young Parent Program. This survey did not specifically identify the relation or location of friends found outside of the area in which they live or outside of the Teen Parent Program.(Table 36).

Each of the teens stated that they had a goal of obtaining a high school diploma. Twenty-eight (80%) reported wanting to attend college. Other goals included opening their own business, becoming successful, and making the future better for their baby (Table 37). Only 9 (26%) of the participants reported that their goals had changed since becoming pregnant. These participants stated that they were more self-motivated with the added responsibility of having a child. Only 8 (23%) of the students reported having difficulty attending the Young Parent Program, with time management most often cited. Appendix C contains the teens actual comments.

Table 36

Source of Most Friends Associating With the Participant (N = 35)

	<u>n</u>	<u>%</u>
Young Parent Program	18	51
Area in which she lives	6	17
Other	17	49
No friends at all	2	6

Table 37

Current Goals (N = 35)

	<u>n</u>	<u>%</u>
Obtain high school diploma	35	100
Obtain job in community	21	60
Attend college	28	80
Have more children	20	57
Marry if not already married	18	51
Other	5	14
Goals changed with pregnancy	9	26

DISCUSSION

This study assessed teen mothers who were enrolled in a school-based program. Therefore the survey does not reflect the total population of Granite District pregnant teens. Also, since it was completed in the spring, the participants may have been more highly self-motivated with a better support system than teens not enrolled and those who dropped out of the Teen Parent Program before the end of the school year. The 40% participation rate may have been due to the short time frame in which the study had to be conducted, which did not allow additional time for the girls to obtain and return their parent/ guardian consent forms.

In this group of teens in a Young Parent Program, the young mothers were predominately living in their parents' home. The father was often not in the home, with some of the teens not having had contact with their fathers since birth. The survey participants reported that 60% of the fathers of the babies were providing some financial assistance and 40% were living with the teen mother. The survey data provides a profile of young women who are predominantly Caucasian and Hispanic, are unmarried, have some involvement with the father of the baby, and who report that their best communication is with their mothers.

In this small sample of young mothers the C-section rate was low as was the rate of low birth weight. However, only 60% of the infants were able to be discharged with their mothers indicating a less than optimal health status at birth for 40% of the

newborns. The challenges found by many of the teens in the process of post partum recovery and early parenting were reflected in their report of feelings of baby blues, frustration, being overwhelmed and inadequate.

Possible family influences leading to their current situation may be found in their reports of other family members previously being a teen mother, substance use, and not having a father in the home. The extent of physical, emotional and sexual abuse at an early age is a disturbing finding.

Common themes emerged from the participants' comments. One theme was a lack of funds in obtaining needed items for the baby and for bills. In addition, there was concern in maintaining a relationship with the baby's father, being a single parent, juggling work, attending school, raising a child, and finding time for personal pursuits. The comments and advice shared by the participants were revealing. These insights would be useful for other teens. "With knowledge comes choice, and with choice change becomes possible" (Rodriquez & Moore, 1995, p. 703).

Consistent with the literature, teens reported that they had often forgotten to use birth control or had not intended to have sexual relations at the time the pregnancy occurred. Furstenberg (1991) said, "Relatively few teenagers set out to become pregnant when they do" (p. 136). In giving advice to teens, their predominant theme was not to have sex. One participant stated succinctly, "It's not worth it for one guy." They also stated that if teens are intent on having sex that they should use birth control all the time and that they should know the partner well in order to avoid a sexually transmitted disease.

Steinberg (1999) addressed the theory that teens need to feel accepted and loved. They need to feel that they belong, that they are unique, and that they are valued within the family setting. He stated that the feeling of acceptance and love needs to come from the home. The lack of feeling accepted and loved propels teens into the choice of being sexually active. Rodriguez and Moore (1995) said,

Families who do not foster this individuation and closeness places their teens at risk of feeling socially and emotionally isolated. Such feelings may be compensated for through the establishment of premature sexual relationships. Further, adolescents who perceive that they have little parental support and who do not communicate well with their parents are also more likely to become sexually active. (p. 70)

Teens are also highly influenced by peers and what they see and hear in the media. The participants reported friends, television, and movies as the main sources of sexual education (69%). Both the specific survey data and the comments indicate that the majority of the teens are working hard to succeed in school, in childraising and in achieving in the larger society. Despite many challenges, their motivation and intentions to achieve goals is very evident.

Implications For Nursing , Nurse Midwifery and Educators.

Hobbie (1993) said, “Some of the most important interventions in teen pregnancy and teen parenting come through the relationships these young people have with caring, competent adults” (p. 96). Health care providers have an opportunity to play an important part in young mothers’ lives. They have the opportunity to ensure a healthy pregnancy and a healthy newborn and to teach and empower teen mothers

with the skills needed to pull themselves out of negative situations. This relationship is important whether or not they keep the infant or place the child for adoption. The desired outcomes are those that will help teen mothers learn, have choices, and overcome disadvantages. Nurses and nurse midwives can address the issues of abuse and substance use/abuse directly and intervene in a positive way.

It is apparent from the comments as well as the survey data, that the Young Parent Program serves a critical role in preparing and supporting these teens to achieve their High School education, enhance their parenting skills and provide direction and support for their future. The role of the Young Parent school teachers cannot be underestimated. Their work is both essential and valued. Thus, through education and support, teens can be empowered to progress towards a better future for themselves and for their babies.

APPENDIX A

INFORMATION AND CONSENT FORM

Explanation of the Study

I am a graduate student at the University of Utah completing my master's degree in nurse-midwifery. This survey is being conducted in order to gain a better understanding of the needs of young women who participate in the Young Parent Program. The survey items include a profile of teens enrolled in the program, including demographic information and questions concerning health status, health beliefs and perceptions, health-related behaviors, and health-related resources. This information will aid teachers, administrators, and organizations concerned with assisting pregnant and parenting teens.

You are being asked to complete a short written survey. The survey will be given to you next week during school to complete and return immediately. The total time involved in receiving instructions, completing the survey, and turning it in will be less than 30 minutes. There are no risks to you. The survey will be completely confidential and no one, including the school teachers, will see the survey except for myself. I will have no way to identify you. You will be given an unmarked survey in an unmarked envelope. After you complete it, you will seal the envelope and return it to your school teacher. She will put it in a larger envelope and return it to me. The only possible way a breach in confidentiality could occur is if (a) you fail to seal the envelope before returning it to your teacher or (b) she fails to seal the larger envelope after all returned surveys have been placed in it. The information will be summarized for the final report. A copy of the final report will be given to each center. You will have access to read it, if you desire, by late summer 1999.

Your consent is assumed when you complete and return the survey.

Thank you for taking time to participate in this important study. Your participation may benefit young parents in the future.

Sincerely

Bonnie Wanlass, BS, RN, SN-M
24-hour telephone number: (801)484-6488

Parental/Guardian Consent

By signing below, you will be giving your permission as parent/guardian of this student for her to participate in the survey described above.

When your student returns this permission slip, she will be eligible to receive a survey. The permission slip will be kept separate from the surveys themselves, thus further ensuring anonymity.

The following statement is required on this form by the Institutional Review Board of the University of Utah for the Protection of Human Subjects: If you have questions regarding your rights as a research subject or if problems arise that you do not believe you can discuss with the investigator, please contact the Institutional Review Board office at (801)581-3655.

Medical treatment or compensation for injury: In the event that you sustain injury resulting from your participation in the research project, the University of Utah can provide to you, without charge, emergency and temporary medical treatment not otherwise covered by your own insurance. If you believe that you have sustained an injury as a result of your participation in this research program, please contact the Office of the Vice President for Research, phone number (801)581-7236. By signing this document you are not giving up your right to pursue legal action against any and all parties involved with this research, in accordance with the Utah Governmental Immunity Act, Section 63-30-1:63-30-34 Utah Code Ann. 1953 (as amended).

Thank you for providing your permission for her to participate.

I give my permission for my student to complete this survey.

Signature of Parent/Guardian

Date: _____

APPENDIX B

YOUNG PARENT SURVEY

Thank you for participating in this survey. Your help in answering the following questions will be greatly appreciated and may help future students. Please answer as honestly as you can. This survey will remain completely anonymous.

1. When did you first start the Young Parent Program?
_____ Month _____ Year
2. Your current grade in school?

3. Your age?

4. Are you currently married?
_____ Yes
_____ No
If yes, is your husband the father of your baby?
_____ Yes
_____ No
5. Check all that apply: Your ethnic group Baby's father's ethnic group
White _____ _____
Black _____ _____
Hispanic _____ _____
Polynesian _____ _____
Asian _____ _____
American Indian _____ _____
Other (please list) _____ _____
6. Where do you live?
_____ In your parents' home
_____ In a foster home
_____ In your own apartment/home
_____ Baby's father's parents' home
_____ Other (please list): _____

7. Who else lives with you? Circle the number of persons in each category.

Parents	Both	Mother	Father		
Grandparents	Both	Grandmother	Grandfather		
Sisters	1	2	3	4	✗
Brothers	1	2	3	4	✗
Your child	1	2	3	4	✗
Nieces/nephews	1	2	3	4	✗
Aunts	1	2	3	4	✗
Uncles	1	2	3	4	✗
Father of baby	1	2	3	4	✗
Other (please list): _____					

8. Has anyone in your family been a teen mother? (Check all that apply)

☐ Grandmother
☐ Mother
☐ Aunt(s)
☐ Sister(s)
☐ Cousin(s)
☐ Other (please list): _____

9. Who do you confide in most of the time?

_____ (for example: friend, relative, etc.)

10. On a scale of 1 to 10, how would you rate your communication with your
Worst Best Possible

Mother	1	2	3	4	5	6	7	8	9	10
Father	1	2	3	4	5	6	7	8	9	10
Teachers	1	2	3	4	5	6	7	8	9	10
Friends	1	2	3	4	5	6	7	8	9	10
Father of baby	1	2	3	4	5	6	7	8	9	10

11. Check all individuals who are currently helping with your living expenses (by cash or in other ways):

☐ Mother
☐ Father
☐ Father of baby
☐ Grandparents
☐ Other (please list): _____

12. Are you currently employed?

☐ Yes
☐ No

If no, skip to Question 13.

If yes, how many hours do you work each week? _____

What is your hourly wage? _____

Where are you employed? _____

What is your title/job duties?

—

13. How do you usually get to
 School ☐ walk ☐ bus ☐ car pool ☐ own car ☐ friends/family
 ☐ Other (please list): _____
 Work ☐ walk ☐ bus ☐ car pool ☐ own car ☐ friends/family
 ☐ Other (please list): _____
 Health care ☐ walk ☐ bus ☐ car pool ☐ own car ☐ friends/family
 ☐ Other (please list): _____
 Activities ☐ walk ☐ bus ☐ car pool ☐ own car ☐ friends/family
 ☐ Other (please list): _____
14. Check the programs you are currently using:
☐ WIC
☐ Family employment program
☐ Baby Your Baby
☐ Food stamps
☐ School lunch
☐ Medicaid
☐ CHIP
☐ Other (please list): _____
15. Circle how many times you have:
- | | | | | | |
|-------------------|---|---|---|---|---|
| Been pregnant | | 1 | 2 | 3 | 4 |
| Had a miscarriage | 0 | 1 | 2 | 3 | 4 |
| Had an abortion | 0 | 1 | 2 | 3 | 4 |
| Had a baby | 0 | 1 | 2 | 3 | 4 |
16. Your age at first pregnancy: _____
17. Are you currently pregnant?
☐ Yes
☐ No
 If no, skip to Question 23.

If you are currently pregnant, please complete this section.

18. When is your baby due?
 _____ Month _____ Year
19. Where will you deliver?

20. Who is providing your prenatal care?
☐ Obstetrician
☐ Family practice physician
☐ Certified nurse midwife
☐ Nurse practitioner
☐ Not receiving prenatal care yet

21. Is the father of the baby involved?
- | | | | | |
|-----------------|-------|-----|-------|----|
| Financially | _____ | Yes | _____ | No |
| Emotionally | _____ | Yes | _____ | No |
| Married to you | _____ | Yes | _____ | No |
| Living with you | _____ | Yes | _____ | No |
22. Indicate if you have had any of the following pregnancy problems or complications:
- _____ Gestational diabetes
- _____ Kidney/bladder infections
- _____ High blood pressure
- _____ Other (please list): _____

If you have had a child, please complete this section. If not, go to Question 35.

23. When was your baby born? (List all dates if more than one child.)
- | | |
|-------------|------------------------|
| First baby | _____ month _____ year |
| Second baby | _____ month _____ year |
| Third baby | _____ month _____ year |
24. Where did you give birth?
- | | |
|-------------|-------------------------|
| First baby | Name of facility: _____ |
| Second baby | Name of facility: _____ |
| Third baby | Name of facility: _____ |
25. How much did your baby weigh?
- | | |
|-------------|----------------------|
| First baby | _____ lbs. _____ oz. |
| Second baby | _____ lbs. _____ oz. |
| Third baby | _____ lbs. _____ oz. |
26. Who delivered your baby?
- | | | | |
|---------------------------|----------|----------|----------|
| | 1st baby | 2nd baby | 3rd baby |
| Obstetrician | _____ | _____ | _____ |
| Certified nurse midwife | _____ | _____ | _____ |
| Family practice physician | _____ | _____ | _____ |
27. How was your baby born?
- | | | | |
|-----------|----------|----------|----------|
| | 1st baby | 2nd baby | 3rd baby |
| Vaginally | _____ | _____ | _____ |
| Forceps | _____ | _____ | _____ |
| C-Section | _____ | _____ | _____ |
28. Who was at the birth? (Check all that apply.)
- | | | | |
|-------------------------|----------|----------|----------|
| | 1st baby | 2nd baby | 3rd baby |
| Your mother | _____ | _____ | _____ |
| Your father | _____ | _____ | _____ |
| Father of the baby | _____ | _____ | _____ |
| Friends (list how many) | _____ | _____ | _____ |
| Grandparents | _____ | _____ | _____ |
| Other (please list): | _____ | _____ | _____ |

29. Did your baby
- | | 1st baby | 2nd baby | 3rd baby |
|--|----------|----------|----------|
| Have any complications | _____ | _____ | _____ |
| Need extra oxygen or help breathing at birth | _____ | _____ | _____ |
| Go to the newborn intensive care unit | _____ | _____ | _____ |
30. Did your baby go home
- | | First baby | Second baby | Third baby |
|-----------------------------------|------------|-------------|------------|
| With you | _____ | _____ | _____ |
| Within 1 week of birth | _____ | _____ | _____ |
| 1 to 4 weeks after the birth | _____ | _____ | _____ |
| More than 4 weeks after the birth | _____ | _____ | _____ |
31. What is the health of your baby now?
- First baby: _____
- Second baby: _____
- Third baby: _____
32. Please check the following:
- | | Excellent | Very good | Good | Poor | Very poor |
|-------------------------------|-----------|-----------|-------|-------|-----------|
| Your health before first baby | _____ | _____ | _____ | _____ | _____ |
| Your health after last baby | _____ | _____ | _____ | _____ | _____ |
33. On a scale of 1 to 10, please indicate how you felt after the birth of your last baby.
- | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|-------------------|---|---|---|---|---|---|---|---|---|----|
| Never experienced | | | | | | | | | | |
| Baby blues | | | | | | | | | | |
| Frustrated | | | | | | | | | | |
| Overwhelmed | | | | | | | | | | |
| Inadequate | | | | | | | | | | |
34. Who helps care for your baby one or more times a week:
- _____ No one
- _____ Your mother
- _____ Other relative
- _____ Baby's father's mother
- _____ Baby's father
- _____ Day care
35. Have you ever seen a health care provider for women's health care prior to your pregnancy?
- _____ Yes
- _____ No

36. Have you ever used birth control?

_____ Yes

_____ No

If NO, skip this question.

If YES, answer the following:

Before pregnancy

_____ Nothing

_____ Condoms

_____ Pill

_____ Depo shot

_____ Foam

_____ Cervical cap/diaphragm

_____ Norplant

_____ IUD

Currently

_____ Nothing

_____ Condoms

_____ Pill

_____ Depo shot

_____ Foam

_____ Cervical cap/diaphragm

_____ Norplant

_____ IUD

If currently using birth control, on a scale of 1 to 10 indicate your satisfaction.

Very satisfied

Not at all satisfied

1 2 3 4 5 6 7 8 9 10

37. Have you ever experienced the following?

Physical abuse (hitting, beating, etc.)

_____ No

_____ Yes

_____ Earliest age

Emotional abuse (name calling, putdowns)

_____ No

_____ Yes

_____ Earliest age

Sexual abuse (any type)

_____ No

_____ Yes

_____ Earliest age

38. At what age did you become sexually active?

39. Have you ever had a sexually transmitted disease?

_____ No

_____ Yes

40. Where did you learn about sex? (Check all that apply.)
- ☐ Family
☐ Television/movies/video
☐ Boyfriends
☐ Friends
☐ Books/magazines
☐ Music recordings
41. Have you ever used the following?
- | | Never | Before pregnancy | During |
|----------------------|--------------------------|--------------------------|--------------------------|
| Cigarettes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alcohol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Marijuana | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Crank | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cocaine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LSD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Meth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please list): | <input type="text"/> | | |
42. Does anyone else in your family?
- | | | | | |
|---------------|--------------------------|-----|--------------------------|----|
| Smoke | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Drink alcohol | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Use drugs | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
43. My friend(s) are mostly:
- ☐ Teen parents from the Young Parent Program
☐ Other friends
☐ From the area in which I live
☐ I have no friends
44. What are your goals for the future? (Check all that apply.)
- ☐ High school diploma
☐ Have more children
☐ Obtain a job in the community
☐ Marry, if not already married
☐ Attend college
☐ Other (please list):
45. Have these goals changed since becoming pregnant or having a baby?
- ☐ Yes
☐ No
46. What are your greatest challenges or problems at this time in your life?
-

47. What are the benefits you gained from attending the Young Parent Program?

48. Do you have any problems attending the Young Parent Program?

☐ Yes

☐ No

If yes, please explain:

49. As a teen parent, what advice would you give to teens in general?

Thank you for sharing your ideas and feelings. Please enclose this survey in the envelope, seal it, and give it to your teacher.

APPENDIX C

QUOTATIONS FROM TEEN PARENT RESPONDENTS

Current Challenges

What are your greatest challenges or problems at this time in your life?

1. Learning how to be married, but it is also one of the best.
2. Living, kids.
3. I'm not living at home, and the father isn't involved.
4. Being a single mom, wondering if my baby's dad is going to come back, do I have enough money for my son.
5. Keeping a good relationship with my husband.
6. To graduate, and get a job, and start college.
7. Being pregnant and trying to have my baby's dad not move to California with his parents.
8. Having enough money to pay bills.
9. Facing everyday.
10. Not having my father.
11. Child care, money, not enough time for everything.
12. Money.
13. Transportation, child care, money for college.
14. Financial problems.
15. Having enough money.
16. Having enough money for things and having children.

17. Working, going to school, and taking care of baby.
18. The baby's father, I want to be there but doesn't want responsibility. Gaining weight with pregnancy, dealing with life.
19. Having enough money to support the family.
20. Getting a job and my whole life.
21. Trying to get everything my baby needs.
22. Trying to cope with being alone and figuring life out from the past for the future.
23. Trying to get everything done so I can go to college in the fall.
24. _____
25. Finishing school and applying for college.
26. Money, my parents.
27. I hate the fact that I have to depend on other people financially. Also, being a single parent.
28. Money and communication with my dad.
29. Finishing school, raising a good healthy baby.
30. Going to school, getting anything done.
31. Finding a baby-sitter and doing what I want to do with my friends.
32. To graduate.
33. Making sure my daughter has everything that she needs, not being able to go out if I want to, not having money to buy anything that I want.
34. Having time for myself, conflicts with a sister, a few boyfriend problems, and conflicts with boyfriend's parents on how to raise my child.
35. Living in shelter, having a car (money).

Benefits of Attending the Young Parent Program

What are the benefits you gained from attending the Young Parent Program?

1. Parenting skills, relationship skills, friends.
2. School education.
3. I know more about the pregnancy.
4. Being around girls who have the same problems.
5. I get to attend school with other people that have the same problems.
6. Finishing my credits I need.
7. Easier to cope with being pregnant.
8. Education on child care.
9. Education.
10. Education, learning more about my baby.
11. Credits, understanding of other people, education, expression.
12. Finished school.
13. Self-control, self-esteem, important things concerning child care.
14. Learn stuff to protect my baby and myself.
15. Being able to go to school while having my child with me.
16. I am getting my high school diploma.
17. Child education, socialize.
18. Learning people have same problems as I, getting a close relationship with good friends and teachers, getting an education.
19. Helps me reach my goals, self-esteem, somewhere to go.

20. I can bring my baby to school. I am able to finish school.
21. To finish school.
22. The benefit of knowing I can raise my baby and make a future for the both of us at the same time.
23. I was at a place where everyone had the same sort of problem. It was like a family here.
24. Meeting new people.
25. Being able to attend school regularly.
26. Being able to finish school because I can bring him with me.
27. My benefits are that I gain skills, knowledge, and education for the long run. Also, it gives me a chance to finish my schooling and take care of my baby, too.
28. Getting a school education and going to school. Graduating and free day care.
29. I have a better attendance, accomplish more.
30. I get to take my son to school with me.
31. Finishing school and have another chance at life and at college.
32. Kind of, grades are still good!
33. Still get to stay in school, meet more people that are in the same situation that I am.
34. I'm able to finish school.
35. Going to school, staying in school.

Problems Attending the Young Parent Program

Do you have any problems attending the Young Parent Program?

(Because only 23% of the respondents answered “yes” to this question, the quotations are listed but not numbered.)

“No transportation.” “I can’t handle the surroundings.” “Too much conflict between people, too many angry hormonal girls.” “Morning sickness make me absent a lot.” “It was hard when I first brang my child back after the birth because of everything I had to carry.” “It is really hard for me to see such young girls with kids who don’t take care of their baby. Girls who neglect their baby or who drink and breast-feed. Don’t pay attention to their baby and not teach their babies.” “Just getting ready and being on time and being absent when my daughter is sick.” “I always run so late in the mornings that I get dropped from my first period every term.” “Getting here on time.”

Advice To Teens in General

As a teen parent, what advice would you give to teens in general?

1. Wait until later in life and use protection.
2. DON’T HAVE SEX.
3. At least use a condom, a baby will change your life.
4. Wait to have sex. There are a lot of things you can get if you don’t wait besides a kid.
5. Don’t get pregnant or get married. Be a kid as long as you can.
6. Don’t get pregnant at an early age and finish school.
7. Don’t have sex or get on birth control.
8. It takes up all your time to have a baby; think it threw [sic] before having sex unprotected.
9. Use birth control; if you must have sex, make sure you know the person and be safe.

10. DON'T DO IT!
11. Finish your education, and don't think for a minute that just because you're a busy mom you can't further your education past your diploma. It's up to us to keep the fire of knowledge burning strong. Also lavish your child with a loving, caring household. Family is the most important thing on earth.
12. WAIT!!! LIVE YOUR LIFE.
13. Wait until you're married to have sex. Finish school before getting married. Don't take any abuse.
14. Just don't follow my step unless you think you get enough budget.
15. Just wait to have sexual contact.
16. Don't have sex, and if you do, use things to keep you from getting pregnant and sexually transmitted diseases.
17. DO NOT HAVE SEX!!!
18. Don't have sex. **Don't** date people who don't have the same standards as you. Be knowledgeable about having a baby and STDs [sexually transmitted diseases].
19. Don't have sex. But if they do, use protection every time. Stay in school.
20. Don't have sex, don't get pregnant. A baby will change your life really bad. Don't get pregnant because you will have to take your baby everywhere, and it will change everything, you would not like it.
21. Having a baby is really hard; you need to know what you want not what you think.
22. I can't really say anything, but I'd say be careful and go to school.
23. To wait to have a baby; it's not hard raising one, but it's hard because you have to try harder to graduate and to juggle a job. You have no time for yourself.
24. Don't have [a] kid so soon; wait until you decided you're ready and finish school.

25. Don't give up.
26. Don't have sex this early, but if you do, be careful and be aware of what could happen.
27. Live your life [teen] to the fullest because once you have a baby your teen life is over and you have to have a lot of responsibility; it's very difficult. Also, have fun while you're young; don't be in a rush; you have a long way to go.
28. Wait to have sex. If you are planning to [have sex], use protection. If you don't care about having sex and using no protection, you will once you learn that you either have a STD [sexually transmitted disease], or being pregnant, or even both.
29. I know they will still have sex, but be more careful on who you have sex with and use more protection.
30. Stay away from sex. Wait till your married.
31. Wait to have sex; it's not all that worth it for some guy. WAIT! If I had the chance, I would have.
32. If you get frustrated, stay calm, put baby down in safe area, spend a lot of quality time.
33. If you're having sex, be really safe, take care of yourself; it's really hard being a teen mother. You can really miss out on a lot of things.
34. Wait to have sex, or if you do have sex, be careful and make sure you and your partner take the responsibilities no matter what. If you or your partner don't use protection and you get pregnant, don't be blaming it on the other person; it was both of your responsibilities, and you both messed up. If you feel that you are unable to care for your unborn child, find another alternative like adoption but never abortion because that's murder, but you need to remember when you have this baby, it's your responsibility to fulfill their needs!
35. Understand before doing anything you will regret. Life is hard on your own, just try to understand that you should be careful in everything you do. Just look around, you first see all the teen parents and think do I want that for me. Think about yourself, don't be shy to be you. Let people know your standards; being a parent is hard, very hard, they want love.

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